2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# P95000050120

Entity Name: CLINICAL RESEARCH OF WEST FLORIDA, INC.

Current Principal Place of Business:

2147 NE COACHMAN RD
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

2147 NE COACHMAN RD
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-3321571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KESKINER, AYDIN D
2147 COACHMAN RD
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: MERRIAM, LYNNE
Address: 2147 NE COACHMAN RD
City-St-Zip: CLEARWATER, FL 33765

Title: VP ( ) Delete
Name: MCGILVARY, SARA
Address: 2147 COACHMAN RD
City-St-Zip: CLEARWATER, FL 33765

Title: VP ( ) Delete
Name: KESKINER, AYDIN
Address: 2147 NE COACHMAN RD
City-St-Zip: CLEARWATER, FL 33765

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: KESKINER, BARBARA
Address: 2147 NE COACHMAN RD
City-St-Zip: CLEARWATEAR, FL 33765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AYDIN KESKINER VP 01/08/2007

Electronic Signature of Signing Officer or Director Date